



DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

SUBJECT: STORING, ADMINISTERING AND ACCOUNTABILITY OF MEDICATIONS	POLICY NO. 103.2	EFFECTIVE DATE 03/01/03	PAGE 1 of 5
APPROVED BY: Director	SUPERSEDES 103.2 09/15/02	ORIGINAL ISSUE DATE 09/09/87	DISTRIBUTION LEVEL(S) 2

PURPOSE

- 1.1 To establish a uniform standard for storing, administering and accountability of medications. This policy sets forth the principles for ensuring Countywide compliance with State of California Drug Distribution Service Requirements.
- 1.2 The purpose of this revision is to update Section 3.3 regarding storage and dispensing of pharmaceutical samples.

POLICY

- 2.1 The Medical Director of the Los Angeles County Department of Mental Health (LACDMH), or designee, shall be responsible for the overall medication supply and for how the supply shall be obtained, monitored and administered within the Department.
- 2.2 The responsibility for developing and implementing standards and for ensuring compliance at local mental health clinics and facilities is assigned to each Deputy Director who has a direct services responsibility.
- 2.3 Clinic and facility standards shall conform to County, State and Federal Regulatory agency requirements. (DMH Policy #105.1, Quality Assurance; State Contract to the Mental Health Plan: State DMH letter 82-1; California Pharmacy Law, Business and Professional Code, Chapter 9, Division 2)

PROCEDURE

- 3.1 Medications: Acquisition, Administering, Dispensing and Accountability
 - 3.1.1 No medications shall be administered or dispensed except on the order of a person lawfully authorized to prescribe for and treat human illness. All such orders shall be in writing and signed by the person giving the order. The name, quantity or duration of therapy, dosage and time of administration of the drug; the route of administration, other than oral; and the site of injection, when indicated, shall be specified.



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3.1.2 The medication supply at each clinic is the direct responsibility of the charge physician or designee. Medications may be obtained from the DMH contract pharmacy via DMH prescription or on a DMH "Special Request" form from the Department's Medication Distribution Center (MDC) located at DMH Headquarters.

3.1.3 Medication administered in an outpatient clinic will be done only under the direct supervision of the prescribing physician. For each medication administered at the clinic, the following data must be recorded on the Medication Log Sheet:

- a) Date
- b) Patient name
- c) Amount given
- d) Signature of physician

3.1.4 A new log is to be used each time the clinic stock is replenished. The completed log sheets shall be kept for at least three (3) years after the date of the last entry made.

3.1.5 All multi-dose vials are to be clearly initialed, marked with the date the first draw is taken and discarded thirty (30) days from that date.

3.2 Temperature Monitoring in the Medication Storage Area

3.2.1 All facilities will have in their medication storage area a means to monitor the room temperature, i.e., thermometer certified as to accuracy.

3.2.2 A log will be kept to show the date, time, temperature and signature of the person responsible for this weekly monitoring function.

3.3 Pharmaceutical Samples

NON-FORMULARY PSYCHOTROPIC MEDICATION SAMPLES MUST BE APPROVED BY THE PHARMACY or MEDICAL DIRECTOR, AS PER DMH POLICY #608.2, BEFORE THEY CAN BE STORED and/or DISPENSED AT ANY DMH OPERATED CLINIC.

3.3.1 Pharmaceutical samples may be stored and utilized in DMH contracted and directly operated clinics under the following conditions:

- 3.3.1.1 The "samples" are to be stored only in the medication room in a locked cabinet or other storage container under lock and key.



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1. All medications, including sample medications, must be stored only in areas specifically designed as medication storage areas.
 2. Any program in which sample medications are dispensed must have a medication control system that is approved by the Chief of Pharmacy and includes a secure medication storage area and logging system.
 3. Sample medications must be logged into the program's medication control system before they are dispensed to clients.
 4. Sample medications can be dispensed only by a California licensed Physician, Nurse Practitioner or Physician Assistant.
 5. Sample medications may be dispensed only with appropriate documentation in the client medical record and the medication control system.
 5. Sample medications may be dispensed only when the date of dispensing is prior to the expiration date.
 7. Expired medications are to be placed in a sealable container, sealed and transported to the Department's Pharmacy Medication Distribution Center (MDC) at 550 S. Vermont Avenue, Los Angeles, CA 90020 by the program manager or his/her designee no later than one month after the expiration date. The program manager must ensure judicious transfer of the expired medication. The Director of Pharmacy Services will have the expired medication disposed of in a manner prescribed by law.
 8. The clinic manager or designee must review the medication log for accuracy on a monthly basis and report any significant discrepancies to the Chief of Pharmacy Services.
- 3.3.1.2 Each medication will have its own log sheet and must contain at least the following information:
- a) Patient name
 - b) Prescribing M.D.
 - c) Amount dispensed
 - d) Amount remaining
 - e) Date of transaction
 - f) Batch number/expiration date



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- 3.3.1.3 The medication logs must be kept a minimum of three (3) years.
- 3.3.1.4 Medication samples shall be dispensed in the original manufacturer's packaging with ample directions on how to take the medication.
- 3.3.1.5 When medication samples are dispensed, it must be under the direct supervision of the prescribing physician.
- 3.3.1.6 This policy does not authorize the storage of pharmaceutical samples at any location other than the locked medication area noted above.

3.4 Compliance

- 3.4.1 The program director or designee shall, on a quarterly basis, conduct and document reviews of the drug storage area of the clinic and facility.
- 3.4.2 All DMH operated clinics and contract facilities will be inspected quarterly by the DMH Chief Pharmacist for compliance. Deviations from this policy may result in loss of clinic certifications.

3.5 Labeling and Storage of Medications

- 3.5.1 Containers that are cracked, soiled or without secure closures shall not be used. Drug labels shall be legible.
- 3.5.2 All medications obtained by prescription shall be labeled in compliance with State and Federal laws governing prescription dispensing.
- 3.5.3 No person other than a pharmacist or physician shall alter any prescription labels.
- 3.5.4 Non-legend medication shall be labeled in conformance with State and Federal food and drug laws.
- 3.5.5 Test reagents, germicides, disinfectants and other household substances shall be stored separately from medications.
- 3.5.6 External use medication in liquid, tablet, capsule or powder form shall be stored separately from medication for internal use.



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3.5.7 Medications shall be stored at appropriate temperatures.

3.5.7.1 Medications required to be stored at room temperature shall be stored at a temperature between 15 degrees C (59 degrees F) and 30 degrees C (86 degrees F).

3.5.7.2 Medications requiring refrigeration shall be stored in a refrigerator between 2 degrees C (36 degrees F) and 8 degrees C (46 degrees F).

3.5.7.3 When medications are stored in the same refrigerator with food, the medications shall be kept in a closed, properly labeled container, clearly labeled "Medications".

3.5.8 Medications shall be stored in an orderly manner in cabinets, drawers or carts of sufficient size to prevent crowding.

3.5.9 Medications shall be stored in a locked, secure area, not accessible to clinic patients or unauthorized staff.

3.5.10 Medications shall be accessible only to licensed medical, nursing or pharmacy personnel designated in writing by the facility.

3.5.11 Medications shall not be kept in stock after the expiration date on the label; and no contaminated or deteriorated medications shall be available for use. The DMH Chief Pharmacist will dispose of such medications in a manner prescribed by law.

3.5.12 The medication of each patient shall be kept and stored in their originally received containers. No drug shall be transferred between containers.

REVIEW DATE

This policy shall be reviewed on or before March 15, 2008.